

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 10 PM 3:02

DOCUMENT # M04000001250

1. Limited Liability Company's Name

RTS WATER SOLUTIONS, LLC

CR2E041 (1/07)

| | | | |
|--|----------------|--|----------------|
| 2. Principal Office Address - No P.O. Box # 9240 NW 63RD STREET | | 3. Mailing Office Address 9240 NW 63RD STREET | |
| Suite, Apt. #, etc. SUITE #6 | | Suite, Apt. #, etc. SUITE #6 | |
| City & State PARKVILLE, MO | | City & State PARKVILLE, MO | |
| Zip 64152 | Country USA | Zip 64152 | Country USA |

| | |
|--|--|
| 4. State/Country of Formation DELAWARE | |
| 5. Date Organized or Qualified To Do Business in Florida 03/23/2004 | |
| 6. FEI Number 72-1547989 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

| | | |
|--|-------------|-------------------|
| 8. Name and Address of Current Registered Agent | | |
| Name STUART KIRSCHT | | |
| Street Address (P.O. Box Number is Not Acceptable) 999 GENIUS DRIVE | | |
| Suite, Apt. #, Etc. | | |
| City WINTER PARK | State FL | Zip Code 32789 |

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Stuart Kirscht Date 10/01/07
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|-----------------------------------|--|---------------------|
| MGR | TROY D. KNIGHT | 9240 NW 63RD STREET, SUITE #6 | PARKVILLE, MO 64152 |
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REINSTATEMENT 2006-2007

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Troy D Knight Date 10/5/07 Daytime Phone # 816-880-6600
Typed or printed name of signing Managing Member/Manager Troy D Knight